willingness to prescribe long-acting opioids. Two-thirds of the family physicians were willing to prescribe long-acting opioids for moderate to severe CNMP. However, attitudinal barriers exist among those physicians unwilling to prescribe. Educational interventions should focus on these barriers.

PPN16

PRESCRIBING OF FENTANYL PATCHES TO NON-OPIOID TOLERANT PATIENTS IN THE MILITARY HEALTH SYSTEM (MHS)

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OBJECTIVES: As a result of safety concerns, labeling for fentanyl patches was strengthened in June 2005 to limit use to opioid-tolerant patients only. We evaluated prior opioid use in MHS patients prescribed fentanyl patches to support the DoD Pharmacy & Therapeutics Committee decision-making process. **METHODS:** Study patients included all MHS patients newly started on fentanyl patch from Jan–Dec 05 (no fentanyl patch prescription ≤180 days prior to index date). Patients were assumed to be opioid-tolerant based on prescriptions for a defined set of opioids considered potentially equipotent to a starting dose of fentanyl patch (25 mcg/hr) filled during 45–60 days prior to their index date, or if hospitalized on or during 7–14 days prior to their index date (since opioids might have been started during hospitalization). We did not estimate cumulative dose or duration of opioids. Duration of "look-back" periods and the defined set of opioids were varied to provide information on prescribing patterns. Prescription data were obtained from DoD's Prescription Data Transaction Service Data Warehouse, hospitalization data from the MHS Management Analysis and Reporting Tool. **RESULTS:** The percentage of patients that could not be assumed to be opioid-tolerant prior to starting fentanyl patch ranged from 27% to 51%; it was most sensitive to changes in how potentially equipotent opioids were defined. Results from 3-month periods before (January–March 2005) and after (October–December 2005) labeling changes were similar. **CONCLUSION:** The number of MHS patients who are not opioid-tolerant prior to starting fentanyl patches is potentially large. Assessments of changes in prescribing behavior following educational efforts are underway. DoD decided in January 2007 to require prior authorization for fentanyl patches, based on prior opioid use.

PAIN—Patient-Reported Outcomes

PPN17

QUANTIFYING HEALTH RELATED QUALITY OF LIFE IN A CHRONIC PAIN POPULATION: PRELIMINARY RESULTS

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OBJECTIVES: To assess the sensitivity of the EQ-5D in differentiating between severities of pain related health status (PRHS). **METHODS:** Study is being conducted with chronic pain patients attending a specialty pain centre in Edmonton, Alberta, Canada. Self reported PRHS was determined using standardized clinical measures that included the Pain Disability Index and The Facial Pain Scale. These measures were slightly modified to facilitate comprehension based on information generated from pilot testing. Patients were categorized according to their PRHS and the EQ-5D was administered to quantify their health utility. Linear regressions were used to compare health utilities between severity levels of PHS adjusting for gender, marital status, age, month as a patient, smoking status and income. **RESULTS:** Sixty-four patients have been assessed. The mean utility was 0.5524 (n = 30) for persons with moderate disability and severe pain (MDSP), 0.3625 (n = 9) for persons with severe disability and extreme pain (SDEP), 0.3358 (n = 22) for persons with severe disability and severe pain (SDSP), and 0.2965 (n = 3) for persons with moderate disability and extreme pain (MDEP). Compared to persons with MDSP, persons with SDSP were associated with a –0.225 utility decrement ($p < 0.001$), and persons with SDEP associated with a –0.240 utility decrement ($p = 0.002$). All other comparisons between PRHS levels were non-significant. **CONCLUSION:** The EQ-5D may be sensitive in detecting differences between low and high levels of PRHS but not within severe levels of PRHS.

PPN18

SYSTEMATIC OVERVIEW OF THE PSYCHOMETRIC PROPERTIES OF THE BRIEF PAIN INVENTORY IN MALIGNANT AND NON-MALIGNANT PAIN

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OBJECTIVES: Brief Pain Inventory (BPI) is a self-administered questionnaire used to assess severity and impact of pain on daily functions. Developed for use in cancer pain, it is now being widely used in assessment of both malignant and non-malignant pain. To date, no published studies exist summarizing BPI's psychometric properties for both types of pain. The study objective was to examine the existing evidence of the psychometric properties of BPI use in patients suffering from either type of pain. **METHODS:** A structured literature review was performed to summarize the psychometric properties of the BPI questionnaire in both malignant and non-malignant pain. Published papers and abstracts were retrieved by searching Medline 1983–2006, SciSearch and pain-related websites. Relevant articles cited from these search findings were also reviewed. Key search terms included: Brief Pain Inventory, reliability, responsiveness and validity. Articles were included for critical review if psychometric properties were addressed. **RESULTS:** Of 202 citations, 22 met inclusion criteria for critical review. Factor analysis was used to establish construct validity, which generated 2-items: intensity and interference. Only one study reported 3-items by separating the interference domain by psychological functions/sleep and physical function. Face and content validity were demonstrated for both types of pain. Studies conducting longitudinal analysis showed BPI scales were sensitive to change and able to discriminate among groups of patients based on condition-specific measures of improvement, no change, or a decline. Intraclass correlation coefficient for test-retest reliability was found to range from 0.61–0.76 for pain intensity and 0.81–0.88 for pain interference in malignant- pain. Internal consistency coefficients were approximately 0.85 for the intensity scale and 0.88 for the interference scale with the Cronbach's alpha coefficients ranging from 0.77–0.95 for non-malignant pain. **CONCLUSION:** Evidence supports the use of the BPI as a reliable and valid pain assessment tool in malignant and non-malignant pain.

PPN19

VALIDATION OF INGUINAL PAIN QUESTIONNAIRE

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